INMATE BACKGROUND SUMMARY

SECTION 1 - PERSONAL DATA

REPORT DATE *(YYYYMMDD)*

1. NAME *(Last, First, Middle)*

2. SSN

3. ID NUMBER

4. MAIDEN NAME

5. NICKNAME

6. ALIAS(ES)

7. AGE

8. SEX: MALE ☐ FEMALE ☐

9. PLACE OF BIRTH *(City, County and State)*

10. DATE OF BIRTH *(YYYYMMDD)*

11. RACE:

☐ CAUCASIAN ☐ AFRICAN AMERICAN ☐ HISPANIC ☐ AMERICAN INDIAN

☐ ALASKAN NATIVE ☐ ASIAN OR PACIFIC ☐ OTHER _____

12. ETHNIC GROUP

13. NATIONALITY

14. RELIGION

15. HEIGHT

16. WEIGHT

17. IDENTIFYING MARKS *(Scars, tattoos, etc.)* *(If Yes, see attached)* ☐ NO ☐ YES

18. HAIR COLOR:

☐ BLACK ☐ BROWN ☐ BLONDE ☐ RED ☐ WHITE

☐ GREY ☐ SANDY ☐ BALD ☐ AUBURN ☐ OTHER _____

19. EYE COLOR: ☐ BLACK ☐ BLUE ☐ BROWN ☐ GREEN ☐ HAZEL ☐ OTHER _____

20. GANG ASSOCIATION: ☐ NO ☐ YES

GANG NAME/LOCATION *(City, State)*

21. CULT/EXTREMIST ASSOCIATION: ☐ NO ☐ YES

CULT NAME/LOCATION *(City, State)*

22. DOES YOUR FAMILY KNOW YOUR WHEREABOUTS: ☐ NO ☐ YES

23. DO THEY NEED TO BE NOTIFIED: ☐ NO ☐ YES *(If Yes, Name, Relationship, Phone)*

24.a. HAVE YOU EVER TRIED TO COMMIT SUICIDE? ☐ NO ☐ YES

b. DO YOU FEEL SUICIDAL AT THIS TIME? ☐ NO ☐ YES

25. ARE THERE ANY ISSUES THAT NEED IMMEDIATE MEDICAL ATTENTION? *(Communicable diseases or disabilities)*

26. ARE THERE ANY ISSUES THAT NEED IMMEDIATE ATTENTION?

27.a. FORM COMPLETED BY:

b. DATE *(YYYYMMDD)*

c. TIME

28. ACTIONS TAKEN IF NECESSARY:

29.a. ACTION TAKEN BY:

b. DATE *(YYYYMMDD)*

c. TIME

SECTION 2 - MILITARY BACKGROUND

REPORT DATE *(YYYYMMDD)*

1. NAME *(Last, First, Middle)*

2. SSN

3. ID NUMBER

4. BRANCH OF SERVICE ☐ AIR FORCE ☐ ARMY ☐ NAVY ☐ MARINES ☐ COAST GUARD ☐ RESERVES

5. MILITARY UNIT

6. MILITARY INSTALLATION

7. HOME OF RECORD *(City, State):*

8. ACTIVE DUTY BASE DATE *(YYYYMMDD)*

9. DATE ENTERED CURRENT TERM *(YYYYMMDD)*

10. END OF ACTIVE DUTY OBLIGATION *(YYYYMMDD)*

11. TOTAL ACTIVE LENGTH OF SERVICE

12. METHOD OF ENTRY *(Choose one):* ☐ INDUCTION ☐ INITIAL ENLISTMENT ☐ REENLISTMENT

13. HIGHEST PAYGRADE ATTAINED:

14. CURRENT MOS/RATE OR SPECIALTY:

15. PREVIOUS DISCHARGE RECEIVED *(Type and Date - YYYYMMDD):*

16. PRIOR SERVICE ☐ NO ☐ YES

PRIOR BRANCH OF SERVICE ☐ AIR FORCE ☐ ARMY ☐ NAVY ☐ MARINES ☐ COAST GUARD ☐ RESERVES

17. MILITARY AWARDS AND DECORATIONS

18. MAJOR MILITARY SCHOOLS ATTENDED

COURSE TITLE a.	COURSE LOCATION b.	DATE COMPLETED *(YYYYMMDD)* c.

19. PREVIOUS MILITARY OFFENSES

ARTICLE 15 OR COURT MARTIAL a.	DATE OF INCIDENT OR ACTION *(YYYYMMDD)* b.	OFFENSES c.	DISPOSITION d.	CONFINEMENT *(Y/N)* e.

20. MILITARY HISTORY NARRATIVE

a. GENERAL MILITARY SERVICE BACKGROUND

SECTION 3 - CIVILIAN BACKGROUND

REPORT DATE *(YYYYMMDD)*

1. NAME *(Last, First, Middle)*	2. SSN	3. ID NUMBER

4. CIVILIAN EDUCATION *(List High School, Colleges, and Trade Schools)*

NAME AND ADDRESS OF SCHOOL a.	AGE b.	DATE ENTERED *(YYYYMMDD)* c.	GRADE(S) COMPLETED d.	DEGREE e.	DATE *(YYYYMMDD)* f.

g. HIGHEST GRADE COMPLETED	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

h. REASON FOR LEAVING SCHOOL:

5. CIVILIAN EMPLOYMENT

NAME AND CITY/STATE OF EMPLOYER a.	TYPE OF WORK b.	SALARY c.	FULL OR PART TIME d.	DATES FROM/TO *(YYYYMMDD)* e.	REASON FOR LEAVING f.

6. CIVILIAN ARREST RECORD

OFFENSE *(Exclude minor traffic offenses - include DUI/DWI)* a.	PLACE OF ARREST b.	DATE *(YYYYMMDD)* c.	DISPOSITION OR SENTENCE d.	CONFINED *(Y/N)* e.

7. PERSONAL HISTORY

- **a. EDUCATIONAL BACKGROUND**
- **b. OCCUPATIONAL BACKGROUND**
- **c. GENERAL BACKGROUND**

SECTION 4 - FAMILY BACKGROUND

REPORT DATE *(YYYYMMDD)*

1. NAME *(Last, First, Middle)*

2. SSN

3. ID NUMBER

4. MARITAL STATUS: *(Current)*

☐ **SINGLE** *(Never married)* ☐ **MARRIED** ☐ **SEPARATED** ☐ **DIVORCED** ☐ **COMMON LAW**

☐ **WIDOW/WIDOWER** ☐ **DIVORCED/REMARRIED** ☐ **OTHER:** _____ **DATE** *(YYYYMMDD):* _____

5. LIVING STATUS:

☐ **ALONE** ☐ **SINGLE PARENT/HEAD OF HOUSEHOLD** ☐ **WITH SPOUSE** ☐ **WITH PARENTS**

☐ **WITH RELATIVE** ☐ **COHABITING** ☐ **MILITARY QUARTERS** ☐ **OTHER:** _____ **DATE** *(YYYYMMDD):* _____

6. INMATE'S HOME ADDRESS *(Street, City, State and Zip Code)*

7. NUMBER OF FAMILY MEMBERS

8. FAMILY

NAME a.	**RELATIONSHIP** *(List Spouse, Children, and Parents)* b.	**ADDRESS** *(Street, City, State)* c.	**TELEPHONE NUMBER** *(Include Area Code)* d.	**AGE** e.

9. NEXT OF KIN

a. **NAME** *(Last, First, Middle Initial)*	b. **ADDRESS** *(Street, City, State, ZIP Code)*	c. **TELEPHONE** *(Incl. Area Code)*

10. EMERGENCY CONTACT *(If Next of Kin, indicate SAME):*

a. **NAME** *(Last, First, Middle Initial)*	b. **ADDRESS** *(Street, City, State, ZIP Code)*	c. **TELEPHONE** *(Incl. Area Code)*

11. LENGTH OF RESIDENCY AT CURRENT ADDRESS:

YEARS _____ **MONTHS** _____

12. LENGTH OF RESIDENCY IN THE LOCAL AREA:

YEARS _____ **MONTHS** _____

13. LENGTH OF TIME APART FROM PARENTS:

YEARS _____ **MONTHS** _____

14. HAS ANY FAMILY MEMBER EVER BEEN CONVICTED OF A FELONY?

NO ☐ **YES** ☐ **UNKNOWN** ☐

15. HAVE YOU EVER BEEN REFERRED TO OR PARTICIPATED IN A MILITARY FAMILY ADVOCACY PROGRAM OR CHILD/SPOUSE PROTECTIVE SERVICES AGENCY?

☐ **NO** ☐ **YES** *(If Yes, state where, when and reason.)*

16. ARE YOU PRESENTLY UNDER A COURT ORDER CONCERNING FAMILY/OTHERS *(restraint order, no-contact order)?*

☐ **NO** ☐ **YES** *(If Yes, give dates, persons, conditions and name of jurisdiction.)*

17. FAMILY NARRATIVE ENVIRONMENTAL INFORMATION:

a. GENERAL FAMILY BACKGROUND

b. IF APPLICABLE INCLUDE:

- STATUS OF MARRIAGE

- FINANCIAL ARRANGEMENTS FOR FAMILY

SECTION 5 - MENTAL/PHYSICAL HEALTH BACKGROUND

REPORT DATE *(YYYYMMDD)*

1. NAME *(Last, First, Middle)*

2. SSN

3. ID NUMBER

4. HOW WOULD YOU DESCRIBE YOUR CURRENT PHYSICAL CONDITION: ☐ **EXCELLENT** ☐ **GOOD** ☐ **FAIR** ☐ **POOR**

5. LIST ANY PAST SERIOUS ILLNESS, INJURY OR PHYSICAL AILMENT YOU HAVE SUFFERED OR ARE CURRENTLY SUFFERING AND DATE OF OCCURRENCE:

6. DO YOU HAVE A PHYSICAL HANDICAP: ☐ **NO** ☐ **YES** *(Explain)*

7. LAST HIV TEST DATE *(YYYYMMDD)*

8. HAVE YOU EVER BEEN HOSPITALIZED IN A MENTAL INSTITUTION: ☐ **NO** ☐ **YES** *(State facility, reason and date)*

9. HAVE YOU EVER CONSIDERED SUICIDE: ☐ **NO** ☐ **YES** *(Explain)*

10. HAVE YOU EVER ATTEMPTED SUICIDE: ☐ **NO** ☐ **YES** *(Explain)*

11. PERSONAL HABITS

ALCOHOL USE CLAIMED: ☐ **NONE** ☐ **OCCASIONAL** ☐ **MODERATE** ☐ **HEAVY** ☐ **OTHER** *(Explain)*

WAS ALCOHOL ABUSE APPARENT? ☐ **NO** ☐ **YES**

HAVE YOU EVER RECEIVED ALCOHOL TREATMENT? ☐ **NO** ☐ **YES** *(State facility and date)*

DRUG USE CLAIMED: ☐ **NONE** ☐ **OCCASIONAL** ☐ **MODERATE** ☐ **HEAVY** ☐ **OTHER** *(Explain)*

DRUG USE APPARENT? ☐ **NO** ☐ **YES**

HAVE YOU EVER RECEIVED DRUG TREATMENT? ☐ **NO** ☐ **YES** *(State facility and date)*

GAMBLING: ☐ **FREQUENTLY** ☐ **OCCASIONALLY** ☐ **NEVER**

12. MENTAL/PHYSICAL HEALTH BACKGROUND INFORMATION

a. SPORTS AND HOBBIES

b. SPECIAL SKILLS/ABILITIES

c. NOTES *(Is there anything on this form which is not covered that you feel should be brought to the attention of the confining facility?)*